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Application Number	10/749,940
Filing Date	December 31, 2003
First Named Inventor	Zuzek, Bojan
Title	Transactional Data Collection, Compression an Processing Information Management System
Art Unit	ТВА
Examiner Name	TBA
Attorney Docket Number	293-002

I hereby ap	point:	· · · · · · · · · · · · · · · · · · ·				
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Joh	n W. Olivo, Jr.		35,634			
Dav	vid M. Hill			46,170		
Joh	n F. Ward			33,811		
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I am the:	phone	(908) 277-3333 Fax (908) 277-6373				
Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
Name Alexander Fraction						
Signature MMM TRANSMAN						
Date 5/27/2004 Telephone 973-425-1200						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of 3 forms are submitted.						

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V	Firm or Individual Name	Ward & Olivo					
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Addr	ress	Suite 300					
City	nêm.	Summit	State	NJ		Zip	07901
Cour	phone	USA Fax (908) 277-6373					
I am the:	priorio	(908) 277-3333 Fax (908) 277-6373					
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)							
SIGNATURE of Applicant or Assignee of Record							
Name	Richard John Knucl	key					
Signature							
Date	5/27/2	2604			Telephone	90	77199244
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
✓ *Tota	al of 3	forms are submitted.					

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Application Number 10/749 940

10/749,940 Filing Date December 31, 2003 **POWER OF ATTORNEY** First Named Inventor Zuzek, Bojan Transactional Data Collection, Compression an and Title Processing Information Management System **CORRESPONDENCE ADDRESS** Art Unit TBA **INDICATION FORM Examiner Name TBA Attorney Docket Number** 293-002

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V	Practitioner(s) named be	elow:				
		Name		Registration Nu	umber	
	John W. Olivo, Jr.		35,634			
	David M. Hill		46,170			
	John F. Ward		33,811			
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	The address associat	ted with Customer Number:				
	OR					
	Firm or Individual Name	Ward & Olivo				
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	Address	Suite 300	1		T ==: T	
<u></u>	City	Summit	State	NJ	Zip 07901	
<u> </u>	Country	USA	LEON	1,000,077,077		
<u> </u>	Telephone	(908) 277-3333	Fax	(908) 277-6373		
	lam the:					
	Applicant/Inventor.					
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)						
SIGNATURE of Applicant or Assignee of Record						
		Signature of Applicant of As	isignee			
Name	Dojan Zazak					
Signa	ture			Telephone	602 115 0	
Date	5/27/	2004 //		relephone	913-425-1200	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
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